## **STATEMENT OF**

FORM 1	ORGANIZATIOI (See instructions)	N	Office use only
NAME OF COMMITTEE (in	(Check if name Examular) is changed) over the	pple: If typying, type he lines 12FE	
Friends of Na	n Hayworth		
	. D.O. Davidoo		<u> </u>
ADDRESS (number and	P. O. Box 189		<u> </u>
(Check if address is changed)	Mount Kisco		10549   -
	CITY▲	STATE	ZIP CODE ▲
COMMITTEE'S E-MA  (Check if address is changed)	L ADDRESS (Please provide only one e-mail addre  nwatkins@robertwatkins.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)	www.nanhayworth.com		
2. DATE 1.2  3. FEC IDENTIFICA  4. IS THIS STATEM	0 3 2 0 0 9  TION NUMBER C C004	<b>166490</b> AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and Treasurer Nancy H. Watkins	I belief it is true, correct and complete	
Signature of Treasurer	Electronically Filed by Nancy H. Watkins	Date	12
NOTE: Submission of fa	se, erroneous, or incomplete information may subject th		
Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)